

FACSIMILE COVER SHEET

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June 5, 2003

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TO: Examiner Yu (TC1600)

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MESSAGE:

Kathleen A. Tyrrell, Registration No. 38,350

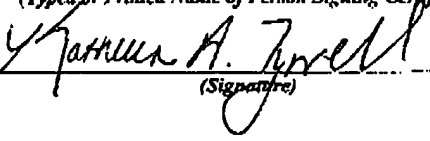
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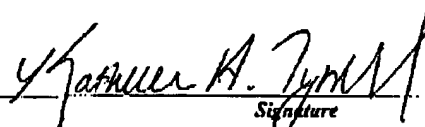
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. DEX-0176	
Applicant(s): Ali et al.			
Serial No. 09/787,844	Filing Date August 6, 2001	Examiner Yu, Misook	Group Art Unit 1642
Invention: Method of Diagnosing, Monitoring, Staging, Imaging and Treating Gynecologic Cancers and Testicular Cancer			
<p>I hereby certify that this _____ <u>Reply to Restriction Requirement</u> _____</p> <p style="text-align: center;"><small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>June 5, 2003</u></p> <p style="text-align: center;"><small>(Date)</small></p> <div style="text-align: right; margin-top: 100px;"> <p><u>Kathleen A. Tyrrell</u></p> <p style="text-align: center;"><small>(Typed or Printed Name of Person Signing Certificate)</small></p>  <p style="text-align: center;"><small>(Signature)</small></p> </div>			
<p>Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0176	
Applicant(s): Ali and Cafferkey					
Serial No. 09/787,844	Filing Date August 6, 2001	Examiner Yu, Misook	Group Art Unit 1642		
Invention: Method of Diagnosing, Monitoring, Staging, Imaging and Treating Gynecologic Cancers and Testicular Cancer					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6 -	6 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Kathleen A. Tyrrell, Reg. No. 38,350			Dated: June 5, 2003		
Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					